

Stephen Escondon Medina
CDC# E-63667
P.O. Box 5002
Calipatria State Prison
Calipatria, CA 92233

Incarcerated Prisoner
Proceeding In Pro Per

NUNC PRO TUNC

AUG 29 2008

FILED

2008 SEP -4 AM 10: 57

CLERK US DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

BY Rm DEPUTY

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF CALIFORNIA

STEPHEN ESCONDON MEDINA,)
Plaintiff,)
v.)
CORRECTIONAL OFFICER)
R. HUESO, et al.,)
Defendants.)

CASE NO.: 08-CV-0896 JLS RBB

DECLARATION OF PLAINTIFF
STEPHEN ESCONDON MEDINA IN
SUPPORT OF PLAINTIFF'S MOTION
TO OPPOSE DISMISSAL OF THE
COMPLAINT

Hearing: September 15, 2008
Time: 10:00 a.m.
Courtroom: B
Judge: The Honorable Ruben
B. Brooks

I, Stephen Escondon Medina, declare:

1. I am the Plaintiff in the above-captioned action, and I have personal knowledge of the facts stated herein. If I were called to testify in a court of law, I would and could competently testify in support thereof.

2. I am currently incarcerated at Calipatria State Prison. On 7/18/07, I was transported by van to Alvarado Medical Center. During the transportation, I sustained physical injury as a result of the actions of the named defendants in the above-entitled action. At the time of the injury, I was not familiar with the inmate appeal process and the handling of inmate appeals, also known as form 602s.

3. On 7/24/07, I filed a 602 grievance regarding the injury that had occurred. However, I did not include the names of the defendants in the 602 because I was uncertain of the true identities of each defendant.

4. I did not receive a log number or any type of notice that my 602 had been received by reviewing staff following the submission. I had forwarded it to "Calipatria Transportation Officers."

5. On 8/10/07, after not receiving any notification from Calipatria Transportation Officers, I filed a duplicate 602 with the "Calipatria Appeals Coordinator." Following the submission, I did not receive a log number or any type of notice that my 602 had been received by reviewing staff. On 8/28/07, I submitted a GA-22 "Inmate Request For Interview" form to the Appeals Coordinator inquiring about the status of the 602 I had filed (A handwritten copy of this GA-22 I filed is attached as Exhibit A to this declaration). I did not receive a response. On 9/10/07, I submitted another GA-22 inquiring about the status of my 602. No response was provided to me. (A handwritten copy of this GA-22 I filed is attached as Exhibit B).

6. On 9/22/07, after not receiving a response to my initial 602, I submitted another 602 requesting the names of the defendants. At that time, I believed that because I did not include the names of the defendants in the 602s I previously filed, my 602s were not getting processed. Thus, I filed this 602 to retrieve the names of the defendants. This 602 was returned to me because it "was a request for information." This 602 is attached as Exhibit C.

7. On 9/27/07, I sent a GA-22 to "Transportation Sgt. Precido" and requested if he could provide me with the names of the defendants (A handwritten copy of this GA-22 I filed is attached as Exhibit D). However, no response was provided to me.

8. On 10/10/07, I spoke with Correctional Counselor (CCI) Atkins about the problems I was having with the 602s I was filing. CCI Atkins stated he would look into obtaining the names of the defendants. CCI Atkins informed me that he held previously assignments in CDCR Transportation, and stated he could likely obtain the names of the defendants with relative ease. However, CCI Atkins told me to "get back with me in two weeks because I'm going to be busy handling caseload." On 10/27/07, I spoke with CCI Atkins and asked about the defendants names. CCI Atkins at that time made a few calls and was able to obtain the names of the defendants to me. I have since identified the defendants with the names CCI Atkins provided to me.

9. On 11/12/07, I submitted a duplicate 602 to the Appeals Coordinator; however, this time I included the names of the defendants in the 602. However, on 12/6/07, I received the 602 back. Apparently, on 11/30/07, the 602 was screened-out because "too great a time lapse between when the action or decision occurred and when you filed your appeal." That same day, on 12/6/07, I submitted an explanation describing the events that led up to me filing "late." (A copy of the 602 I filed, dated 11/12/07, is attached as Exhibit E).

10. After not receiving a response to my explanation letter, I submitted my 602 to the Director of Department of Corrections and Rehabilitation. On 2/5/08, the Director entered a decision on my 602, namely, refusing to accept it for review because the appeal was either "rejected, withdrawn, or canceled." (A copy of the decision, dated 2/5/08, is attached as Exhibit F).

11. It is my belief that I have done everything possible to process my 602s. I filed my 602 directly to the Director's Level because I sincerely believed my 602 was being hindered by Calipatria prison officials. Although I have nothing concrete to corroborate this claim, I respectfully submit the exhibits attached to this declaration to establish a pattern that I was routinely not provided a response to several documents I submitted to prison officials at Calipatria State Prison. I proceeded with filing this complaint in the above-captioned case because I believed I had tried my best to exhaust my 602.

I declare under penalty of perjury under the laws of the United States and State of California that the foregoing is true and correct to the best of my knowledge.

Executed this 25 day of August, 2008, at Calipatria State Prison, California.

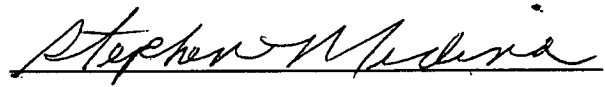

STEPHEN ESCONDON MEDINA
Plaintiff/Declarant

EXHIBIT "A"

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE 8-28-07	TO Appeals Coordinator	FROM (LAST NAME) Medina, Stephen	CDC NUMBER E-63667
HOUSING 5C	BED NUMBER 115	WORK ASSIGNMENT 3NP	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

I sent a 602 to this person called "appeals Coordinator" Steve waiting to hear from him about 602 I sent. I am wondering if he has it. did I fill it out correctly, is 602 granted? I sent 602 on 8-10-07 just 602 sent to transportation office - no response

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY

DATE

DISPOSITION

My Copy. I sent other Copy to "appeals Coordinator, on 8-28-07 at mail Pick-up

EXHIBIT "B"

CALIFORNIA
9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

TO		FROM (LAST NAME)		CDC NUMBER
9-10-07		Medina, Stephen		E-63667
HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER	
5C	115	3WP	FROM TO	
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS	
			FROM TO	

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

I sent a 602 to appeals Coordinator, have not heard anything concerning this 602. also I sent "inmate request for interview" on 8-28-07. did you get it, I would like to know if you have my 602, is it handled? I did not come again cause I did not know their names.

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY

DATE

DISPOSITION

* my copy, sent other copy to appeals Coordinator on 9-10-07 mail pick-up

EXHIBIT "C"

INMATE/PAROLEE
APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME <u>ESCONDIDO</u> <u>Stephen Medina</u>	NUMBER <u>E-63667</u>	ASSIGNMENT <u>Poter</u>	UNIT/ROOM NUMBER <u>25-115-0</u>
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A. Describe Problem: on July 18, 07 was transported by Van to Alvarado Medical Center, during the return to C.S.P. Cd. was in a accident, was hurt and taken to Emergency for head injury, was treated and released. the CO's that drove me to hospital said to make sure I did what the doctor said concerning my injury, have paper work on that

If you need more space, attach one additional sheet.

B. Action Requested: need the names of said CO's who drove me there and were responsible for my case have one name but not sure of spelling please furnish proper spelling and names

Inmate/Parolee Signature: _____ Date Submitted: _____

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

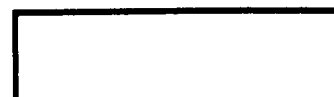
D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



SCREENED OUT

SEP 26 2007

RECEIVED CAL APPEALS SEP 26 2007

State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

September 26, 2007

MEDINA, E63667
FC0500000000123U

CS-123U

Log Number: CAL-C-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

This is a request for information; it is not an appeal. Use form GA-22, Inmate Request for Interview.

Transportation Sgt. Preciado, via institutional mail, U save em envelope. Furthermore, you failed to complete Section B. of your appeal.

Dw Bell, CCH

Appeals Coordinator
Calipatria State Prison

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

EXHIBIT "D"

STATE OF CALIFORNIA
GA-22 (9/92)

/ INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE 9-27-07	TO transportation Sgt. Preciado	FROM (LAST NAME) Medina, Stephen	CDC NUMBER E-63667
HOUSING 5C	BED NUMBER 115 ^u	WORK ASSIGNMENT 3WP	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

Appals Coordinator said to ask ^{you} for names of Officers that
 were transported, on July 18, 07 was transported by Van to Alvarado
 Medical Center, two C.O's took me. Have one name but not sure of
 how its spelled. don't know other. Name comes to Correctly file 602

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY

DATE

DISPOSITION

my Copy, I sent other Copy to, "transportation Sgt. Preciado, on 9-27-07
 at mail Pick up

EXHIBIT "E"

**INMATE/PAROLEE
APPEAL FORM**
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

7

1. _____
2. _____

1. _____
2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME STEPHEN ESCONDON MEDINA	NUMBER E-63667	ASSIGNMENT Porter	UNIT/ROOM NUMBER C-5-115-up
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A. Describe Problem: See attached page and exhibit

If you need more space, attach one additional sheet.

B. Action Requested: see attached page and exhibits

Inmate/Parolee Signature: Stephen E. Medina Date Submitted: Nov. 12, 2007

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: FORWARDED TO EXHAUST REMEDIES

* NOTE: RECEIVED DEC. 6, 2007

Staff Signature: Stephen E. Medina Date Returned to Inmate: DEC. 18, 2007

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

SCREENED OUT

NOV 30 2007

RECEIVED CAL APPEALS NOV 20 2007

RECEIVED
DEC 24 2007
APPEALS
BRANCH
Ry.
SE

ORIGINAL

CDC 602

RECEIVED CAL APPEALS NOV 20 2007

I/M Stephen Escondon Medina

CDC E-63667 / CSP CAL C-5-115-up

November 12, 2007

A. Describe Problem:

On July 18, 2007, Prisoner, STEPHEN ESCONDON MEDINA, CDC E-63667, C-5-115-up, Calipatria State Prison, was injured seriously enough (while being transported in a CDCR Van), to be taken to the E.R. of a medical facility, treated and released.

See Exhibit "A" Alvarado Hospital Medical Center

Addressed to: Stephen Medina

Dated: July 18, 2007 / Time: 3:53 P.M.

Treating Physician: Arnold Kremer Do

The State employees driving the state motor vehicle (a large van) are CDCR Transporting Officers: R. HUESO and CASTONE.

See Exhibit "B" Body Receipt

Date: 07.18.07 and "stamped" July 20, 2007

B. Action Requested:

"Exhaustion of Administrative Remedies" of said CDC 602, for Injunctive Relief, due to the fact that money damages (\$5,000.00) and money is not available through the CDC 602 process. See Booth V. Churner, (2001) 149 L.Ed. 2d. 958.

Requesting CDC 602 be given a "Log Number" before Informal and or Formal Review due to CDC 602 and Exhibits getting "LOST" and or "NOT ANSWERED" by the addressed Staff members at the Informal Review Level.

This CDC 602 serves as "NOTICE" of what the Tort Claim is and damages/grounds upon which it rests.

Claim: Prisoner/Plaintiff: MEDINA, makes a claim under 42 U.S.C. Section 1983, against said named parties for "Deliberate Indifference" in protecting prisoner from being injured while in a State moving vehicle during a medical transportation trip to and from an outside medical facility.

SCREENED OUT

NOV 30 2007

RECEIVED CAL APPEALS NOV 20 2007

EXHIBIT

"A"

FOUR PAGES

SCREENED OUT

NOV 30 2007



AFTER CARE INSTRUCTIONS

Patient: **stephen medina**

July 18, 2007 3:53 PM

PLEASE NOTE that the examination and treatment you received here have been rendered on an emergency basis. It is not intended to be a substitute for complete medical care. It is important that you be rechecked as recommended. Promptly report any new or remaining problems, since it is impossible to recognize and treat all elements of an injury or illness in a single visit.

DIAGNOSIS INSTRUCTIONS

PUNCTURE WOUND OF THE SKIN

DIAGNOSIS: You have a puncture wound of the skin. A puncture wound has a high incidence of infection because it frequently has bacteria, clothing or other material embedded deep in the wound. It is very important to observe for symptoms of infection which include redness, red streaks up an extremity, pain, swelling and/or drainage of pus. Follow up with a physician is important.

INSTRUCTIONS: If an extremity is injured, elevate to prevent swelling. Soak area in warm water 4 times a day for 10-15 minutes. Change the dressing after each soak and watch for infection. Do not prevent drainage by using an ointment or other type of occlusive dressing. (Gauze or other type of airy dressing is best.)

Cleanse with peroxide if crusting or scabbing occurs.

CONTACT THE DOCTOR IF: you develop symptoms of infection as mentioned above.

CALL THE FOLLOWING NUMBER(S) TO ARRANGE FOLLOWUP CARE IN 1-2days DAY(S).

Donovan Dr. for recheck

Treating Physician: **ARNOLD KREMER DO**

California State Prison
SEP 10 2007
Health Records
Inmate Copy

stephen medina

Alvarado Hospital Medical Center - (619) 229-3130

5384737

Page 1 of 1

ORIGINAL

RECEIVED CAL APPEALS NOV 20 2007

DATE TIME

2/18/07 1040 Pt out to Alvarado to see Dr. Bayle
Endocrinologist. V/S 148/24.93 15.76% 97% oral
Pt denies concerns @ this time. Pt
released to custody in stable condition
in handcuffs - C.O. 15 x 2 flaccid
af = 138/88 SpO2 98 70 RR 12

7/18/07 1915 (5) Pt Back Arm observed
for primary hypothyroidism
inadvertently while going out to
squad - endocrinol. by sustained
scalp purchase wound in transport van.
(pos) headache 6/10. (worsened) - NKDA (Pn) Dev
Medicine: Synthroid
(a) 150mg 3 times VDS amb
Dressings clean dry & active bleeding

(a) Primary hypothyroidism
Scalp purchase wound parietal head.
(a) see CDC 7221 07-18-02 dtd.

California State Prison

SEP 10 2007

Health Records
Inmate Copy

(c) Pt after pain med - hot PL
said "I didn't ask for medicine anyway"
Deborah
RUMSFVP-C.

INSTITUTION

HOUSING UNIT

Calif. State Prison - 123

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Mickens, Steven

E 63667

02-27-47

05-123

INTERDISCIPLINARY PROGRESS NOTES

SCREENED OUT

NOV 30 2007

THE ENDOCRINE CLINIC, P.C.

TEL: 909.333.336

FAX: 909.750.3604

NAME: Medina, Stephen D.O.B.: 02/27/1947 M.R. # _____ DATE: 07/18/07

Follow-up of _____ year-old male/female with:
☒ Hypothyroidism (primary/postablative/posturgical/autoimmune/congenital/other: _____)
☐ Hyperthyroidism (RAIT (date & dose): _____)
☐ Goiter (euthyroid/uninodular/multinodular/cystic/other: _____); Thyroiditis: _____
☐ Thyroid cancer: _____ type; dx: _____
☐ (other) _____
☐ s/p surgery: _____ (type/date);
☐ s/p RAIT: _____ (dose/date);
☐ last total body scan/thyrogen: _____

Who is on: 50 mcg. of levo-thyroxine daily (Synthroid/Levoxyl/Unithroid/Levothroid) ☐ misses ~ _____ doses / mo.
 _____ mg. of PTU / Tapazole (methimazole) q.d. / b.i.d. / t.i.d. / q.i.d. [started: _____]
 _____ mg. of Lopressor / Inderal / Atenolol / ToprolXL _____ x/day

Since the last visit, the patient has: (I = Improved, W = Worse, N = no significant, Y = present or yes)


_____ been asymptomatic and feels fine
 _____ gained / lost _____ pounds
 I W N Y: fatigue/ lethargy/ sleep abn. I W N Y: hair loss I W N Y: irritable
 I W N Y: eye complaints I W N Y: anterior neck area pain/tenderness I W N Y: nervousness/depression
 I W N Y: dysphagia, change in voice I W N Y: dyspnea
 I W N Y: palpitations / tachy. / C.P. I W N Y: sweatiness
 I W N Y: muscle weakness-aches / cramps I W N Y: cold / heat intolerance
 I W N Y: constipation / diarrhea I W N Y: edema
 I W N Y: joint aches/stiffness / numbness/tingling I W N Y: menstrual disturbance / pubertal changes

☐ No hosp./surg since last visit.
☐ See pt form, doc./verified for in-depth recent ROS, hosp., family hx. & complete med. list.

P. E.: BMI/Height: 5'6 %, Weight: 149 %, BP: 112/86, P: 62, R: 19 temp.

PRESENT/abn. ABSENT/nl.
 exophthalmos: ☐ (mild) _____ mod. _____ severe _____ stable _____ improving _____
 lid lag: ☐ (nl)
 convergence: ☐ (nl)
 stare: ☐ (nl)
 extra-ocular m.: ☐ (nl)
 p-orbital edema: ☐
 conj. injection: ☐
 eyebrow thinning: ☐

THYROID AREA DESCRIPTION:

☐ Thyroid is normal size & consistency to palpation.
☒ The thyroid is not palpable.
☐ The goiter is diffuse / fibrotic / nodular / cystic
☐ Well healed scar
☐ There is good movement
☐ There is no significant cervical adenopathy/mass
☐ No hum, thrill, or bruit.
☐ Right lobe is _____
☐ Left lobe is: 
☐ Size: _____ gms.
☐ Chvostek sign is: + / - (circle)
☐ Trousseau sign is: + / - (circle)

Hertel exoph. R: _____ mm. L: _____ mm.; baseline: _____ mm.

NI skin & hair texture: (Y) (No)
 facial puffiness: (Y) (No)
 Oropharynx is benign: (Y) (No)
 Hoarseness: (Y) (No)

Clear chest; CV- reg. rate \emptyset m/g: (Y) (No)

DTRs: _____ & =; delayed relaxation: (Y) (No)

Carotid / dpedis / ptibial pulses: 2 & =

peripheral edema: (Y) (No)

proximal muscle weakness: (Y) (No) ☐ quads, ☐ deltoids, ☐ biceps

diaphoresis: (Y) (No); tremor: (Y) (No)

Tanner _____ pubertal status.

☐ T4:
☐ T3RU:
☐ FTI:
☐ TSH:
☐ Free T4:
☐ Ca:
☐ Thyroid U/
☐ Other:
☐ T3:
☐ TG:
☐ TG-Ab:
☐ TPO-Ab:
☐ TSH-R Ab:
☐ Ca / Mg / PO4

California State Prison

SEP 10 2007

Health Records
 Inmate Copy

IMPRESSIONS/ RECOMMENDATIONS: _____ above [first section] _____ doing well. ☐ TSH purposely suppressed.
☐ D/W pt. risks of NOT taking medication including death.

1) Increase Synthroid 0.075 mg p.o. daily
 2) Recheck TSH and free T4 in 1 month. If TSH is still above normal, increase Synthroid to 0.1 mg daily. 3) Repeat TSH in 3 weeks 4) RUC in 2 months

☐ No changes at this time. ☒ Adjustment: 0.075 mg qd [] Will send rx.; [] will call in rx.; [] rx. given to pt.
 Signed: [Signature] Follow-up in 2 months _____ year. Pt. letter sent: _____

(Y) (N) cc. Dr. Total Clinical Time: _____ min.; Est. Counseling Time: _____ min. [] fax to MD; [] chart copy TEC 9/04 A ©2004

SCREENED OUT

NOV 30 2007

Thanks for the consult

RECEIVED CAL APPEALS NOV 20 2007

STATE OF CALIFORNIA
CDC 7393 (11/02)

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF DIAGNOSTIC TEST RESULTS

NAME <i>Meana, Stephen</i>	CDC NUMBER <i>E63067</i>
INSTITUTION <i>CAL</i>	HOUSING <i>C5-123</i>
TYPE OF TEST <i>CMV check</i>	DATE OF TEST <i>7/24/07</i>

YOUR TEST RESULTS HAVE BEEN EVALUATED BY A PHYSICIAN AND THE
FOLLOWING HAS BEEN DETERMINED:

- ☐ Your test results are essentially within normal limits or are unchanged and no physician follow up is required.
- ☒ You are being scheduled for a follow up medical appointment. You will be receiving a ducat indicating your appointment time.
- ☐ A repeat test will be ordered. You will be ducated for this test.
- ☐ A chronic care appointment has been scheduled for you. You will be receiving a ducat indicating your appointment time.

NAME / TITLE

PHYSICIAN SIGNATURE

DATE

ORIGINAL - File in UHR

CANARY - Scheduler

PINK - Patient

SCREENED OUT

NOV 30 2007

RECEIVED CAL APPEALS NOV 20 2007

EXHIBIT
"B"

SCREENED OUT

NOV 30 2007

ORIGINAL

State of California – Department of Corrections

BODY RECEIPT

Date 7-18-07

I have this date received from:

ALVARADO HOSPITAL(DR. BAZLE) TO CALIPATRIA STATE PRISON

Person Received MEDINA,S. E63667 CLO B C5-123U

Received from Court N/A Returned from Escape N/A Returned from Other MEDICAL

Property N/A

Cash N/A

The above listed is all the property and cash I had in my possession.

Person Received MEDINA,S. E63667

R.HUESO

(Receiving Officer)

, CASTONE

Institution

Calipatria State Prison

CDC 123

TIME OUT: _____ CONTROL SGT. _____

TIME IN: _____ CONTROL SGT. _____

Vehicle No. _____

Staff: _____

Call Sign: _____

Route: _____

ETA: _____

ENTERED

JUL 20 2007

ARDTS/CAL

CC: Central Control

Sallyport

Transportation Office

SCREENED OUT

NOV 30 2007

CITIZEN'S COMPLAINT AGAINST EMPLOYEE OF THE
CALIFORNIA DEPARTMENT OF CORRECTIONS

I wish to register a complaint against the following named employee(s) of the Department of Corrections:

Employee(s) Name	Description (Job title, ID number, vehicle and license number, home address, etc.)	Employee's Work Location (if known)
C/O: R. HUESO		CALIPATRIA S.P.
C/O: CASTONE		" " "

July 18, 2007

AFTERNOON

GAS STATION OUTSIDE SAN DIEGO, CA

Date(s) of Incident

Time of Incident

Location of Incident

Details of Complaint (Include nature of complaint, names and addresses of witnesses and other involved parties, names of any law enforcement or social services agencies, doctors or attorneys contacted, a chronology of the events, etc. It is important to include as many factual details as possible so that your complaint may be thoroughly investigated. Attach additional sheets if necessary.)

On July 18, 2007, Prisoner MEDINA, S.E., E-63667, CSP CAL C-5-115-up, was injured in an accident seriously enough to be taken to an E.R. medical facility, treated and released. The State employees named above were the persons responsible. (See CDC 602 and exhibits).

In order that the Department may contact you relative to your complaint, please provide the following:

Name: (please print) STEPHEN ESCONDON MEDINA

Home Phone: ()

Address: CSP CAL C-5-115-up / P.O. Box 5006
Calip

Work Phone: () Ext.

If your complaint is against a Department peace officer, you must read and sign the following statement:

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A PEACE OFFICER FOR ANY IMPROPER PEACE OFFICER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED; IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN'S COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS. IT IS AGAINST THE LAW TO MAKE A COMPLAINT THAT YOU KNOW TO BE FALSE. IF YOU MAKE A COMPLAINT AGAINST A DEPARTMENTAL PEACE OFFICER KNOWING THAT IT IS FALSE, YOU CAN BE PROSECUTED ON A MISDEMEANOR CHARGE.

I have read and understand the above statement:

Stephen E. Medina
Signature

Date

Your complaint may be submitted to any supervisor or manager of the Department, or may be addressed to the Department's Office of Investigative Services at any of the Regional Offices indicated on the reverse of this form. Intentional filing of a false complaint against any departmental employee may result in adverse action against the complainant and/or prosecution under California law.

For Departmental Use Only:

SCREENED OUT

NOV 30 2007

Official Receiving Complaint

Office/Institution

Date Received

11.12.07

State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

November 30, 2007

MEDINA, E63667

FC05000000000115U

CS-115U

Log Number: CAL-C-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

There has been too great a TIME LAPSE between when the action or decision occurred and when you filed your appeal with no explanation of why you did not or could not file in a timely fashion. Time limits expired per CCR 3084.6(c). Therefore, if you would like to pursue this matter further, you must submit an explanation and supporting documentation explaining why you did not or could not file your appeal timely.

W 
Appeals Coordinator /
Calipatria State Prison

RECEIVED
DEC. 6, 2007
MAILED Reply
DEC. 12, 2007

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

EXHIBIT "F"

INMATE APPEALS BRANCH

1515 S Street, Sacramento, CA 95814
P.O. Box 942883
Sacramento, CA 94283-0001



February 5, 2008

MEDINA, STEPHEN, E63667
Calipatria State Prison
P.O. Box 5002
Calipatria, CA 92233

RE: IAB# 0717720 STAFF COMPLAINTS

Mr. MEDINA:

The Inmate Appeals Branch, California Department of Corrections and Rehabilitation (CDCR) acts for the Director, Division of Adult Institutions, at the third level of appeal. The Branch examines and responds to inmate and parolee appeals that are submitted on a CDC Form 602, Inmate/Parolee Appeal Form, after the institution or parole region has responded at the Second Level of Appeal.

Institution and parole staff are available to assist you in obtaining additional copies of forms and documents required to submit an appeal. The inmate library offers resources and assistance to obtain general information regarding regulations, procedures, policies, and government agency addresses. Additionally, your assigned Counselor or Parole Agent, or the Appeals Coordinator can answer any questions you may have regarding the appeals process. The Inmate Appeals Branch appreciates your responsible use of the appeal system to address your grievance.

The Inmate Appeals Branch has received an appeal from you and has determined that it does not comply with the appeal procedures established in California Code of Regulations (CCR) Title 15, Article 8, and is being screened-out and returned to you pursuant to CCR 3084.3 for the following reason(s):

Your appeal was rejected, withdrawn or cancelled. If you disagree with that decision, contact the Appeals Coordinator. You must comply with instructions from that office.

A handwritten signature in black ink, appearing to read "N. Grannis".

N. GRANNIS, Chief
Inmate Appeals Branch

VERIFICATION

STATE OF CALIFORNIA
COUNTY OF IMPERIAL

I, Stephen E. Medina (C.C.P. SEC. 446 & 2015.5: 28 U.S.C. 1746) DECLARE UNDER PENALTY OF PERJURY THAT: I AM THE Plaintiff IN THE ABOVE ENTITLED ACTION. I HAVE READ THE FOREGOING DOCUMENTS AND KNOW THE CONTENTS THEREOF AND THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT AS TO MATTERS STATED THEREIN UPON INFORMATION, AND BELIEF, AND AS TO THOSE MATTERS, I BELIEVE THEM TO BE TRUE.

EXECUTED THIS 25 DAY OF August 2008 AT
CALIPATRIA STATE PRISON, CALIPATRIA CALIFORNIA 92233-5002

(SIGNATURE) Stephen Medina
DECLARANT/PRISONER

PROOF OF SERVICE BY MAIL

I, Stephen E. Medina (C.C.P. SEC. 1013 (a) & 2015.5 28 U.S.C. 1746) AM A RESIDENT OF CALIPATRIA STATE PRISON, IN THE COUNTY OF IMPERIAL, STATE OF CALIFORNIA, I AM OVER THE AGE OF EIGHTEEN (18) YEARS OF AGE AND AM / AM NOT A PARTY OF THE ABOVE ENTITLED ACTION. MY STATE PRISON ADDRESS IS P.O. BOX 5002, CALIPATRIA STATE PRISON, CALIPATRIA, CALIFORNIA 92233-5002.

ON August 25 2008 IS SERVED THE FOREGOING:

Declaration of Plaintiff Stephen Escondon Medina In Support Of Plaintiff's Motion To Oppose Dismissal Of The Complaint

SET FORTH EXACT TITLE OF DOCUMENTS SERVED

ON THE PARTY(S) HEREIN BY PLACING A TRUE COPY(S) THEREOF, ENCLOSED IN A SEALED ENVELOPE(S) WITH POSTAGE THEREON FULLY PAID, IN THE UNITED STATES MAIL, IN A DEPOSIT BOX SO PROVIDED AT CALIPATRIA STATE PRISON, CALIPATRIA, CALIFORNIA 92233-5002.

Tiffany R. Hixson
Deputy ATTORNEY GENERAL
110 West A Street, Suite 1100
San Diego, CA 92101
(Attorney for Defendant R. Hueso)

THERE IS DELIVERY SERVICE BY UNITED STATES MAIL AT THE PLACE SO ADDRESSED, AND THERE IS REGULAR COMMUNICATION BY MAIL BETWEEN THE PLACE OF MAILING AND THE PLACE SO ADDRESSED. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

DATE August 25, 2008 STEPHEN E. MEDINA
(DECLARANT / PRISONER)